

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- M _____
- N _____
- O _____
- P _____
- Q _____
- R _____
- S _____
- T _____
- U _____
- V _____
- W _____
- X _____
- Y _____
- Z _____

Buchanan 1st St Rt 6
 # 47-33-6

5-CC

946712

83-0021

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

HEAL No. _____

TYPE OR PRINT IN PERMANENT INK FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

PARENTS

DISPOSITION

M.D. OR D.O.

HEALTH OFFICER - SIGNATURE

DATE RECEIVED BY LOCAL HEALTH OFFICER

CONDITIONS AND WHICH CAUSE MUST BE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

CAUSE

EMBALMER'S NAME _____

LICENSE No. 133

FUNERAL HOME _____

LICENSE No. 657

FUNERAL DIRECTOR'S SIGNATURE _____

DECEASED - NAME		FIRST		MIDDLE		LAST		SEX	DATE OF DEATH (MONTH DAY YEAR)		
1 CHAIRE A SMITH								F	1-4-83		
RACE (See page 2 of Handbook)		AGE - last birthday (Years)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo. Day Year)		COUNTY OF DEATH	
4 B		54-59		MO. DAYS		HOURS MINS		12-26-23		7a LAKE	
CITY, TOWN OR LOCATION OF DEATH				HOSPITAL OR OTHER INSTITUTION (Name of institution, give street and number)				IF HOSP OR INST. include ICA, DP, Local, etc. (See instructions)			
7b GARY				7c GARY - METHODIST				7d INP.			
STATE OF BIRTH (If not in U.S. specify country)		CITIZEN OF WHAT COUNTRY		MARRIED NEVER MARRIED WIDOWED DIVORCED (Specify)		SURVIVING SPOUSE (If wife give her date of death)		11 JAMES SMITH		12 WAS DECEASED EVER IN US ARMED FORCES? (Specify Yes or No)	
8 PENNA		9 U.S.		10 MARRIED						12	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life even if retired)				KIND OF BUSINESS OR INDUSTRY					
13		14a HOME MAKER				14b U.S.					
RESIDENCE - STATE		COUNTY		CITY, TOWN OR LOCATION		15a HOME MAKER		14b U.S.			
15a IND		15b LAKE		15c GARY							
STREET AND NUMBER		15d 1932 W 15th		15e YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		15f YES					
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN CUBAN PUERTO RICAN ETC		15g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		FATHER - NAME		MOTHER - MAIDEN NAME		16 ARTHUR PORTER		17 BOXIANNA ADAMS	
16		18 JAMES SMITH - Husband		MAILING ADDRESS		CITY OR TOWN		STATE		ZIP	
18		19a 130 BIAH		19b EVERGREEN		19c HOBART IND					
BURIAL CREMATION REMOVAL OTHER (Specify)		19a		19b		19c					
20a 1-7-83		20b		20c		20d					
To the best of my knowledge, death occurred at the date and place and due to the causes stated		DATE SIGNED (Mo. Day Year)		21a		21b		21c		STATE OF INDIANA FILED FOR	
21a		21b		21c		21d		21e		HOUR OF DEATH	
21a		21b		21c		21d		21e		NOV 2 10 51 AM '83	
21d		21e		21f		21g		21h		DATE RECEIVED BY LOCAL HEALTH OFFICER	
21d		21e		21f		21g		21h		11/7/83	
HEALTH OFFICER - SIGNATURE		22		22a		22b		22c		DATE RECEIVED BY LOCAL HEALTH OFFICER	
22		22a		22b		22c		22d		11/7/83	
CONDITIONS AND WHICH CAUSE MUST BE IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST		23		23a		23b		23c		INTERVAL BETWEEN PART I AND PART II	
23		23a		23b		23c		23d		NO.	
PART I		23a		23b		23c		23d		INTERVAL BETWEEN PART I AND PART II	
23a		23b		23c		23d		23e		INTERVAL BETWEEN PART I AND PART II	
23b		23c		23d		23e		23f		INTERVAL BETWEEN PART I AND PART II	
23c		23d		23e		23f		23g		INTERVAL BETWEEN PART I AND PART II	
PART II		23a		23b		23c		23d		AUTOPSY (Specify Yes or No)	
23a		23b		23c		23d		23e		24	

400

WILLIAM BLASTICK
 R.C. RECORDER